

**Louis LaTorre, Senior Director
Social Services/dra**

AGENDA ITEM SUMMARY

DIVISION: COMMUNITY SERVICES

DEPARTMENT: SOCIAL SERVICES

ITEM BACKGROUND: The approval of the HCE Contract will enable Monroe County In-Home Services to continue providing services to the caregiver's of Monroe County's elderly population under the Home Care for the Elderly (HCE) program.

CONTRACT/AGREEMENT CHANGES: N/A

BUDGETED: YES X NO

SOURCE OF FUNDS: Home Care for the Elderly Contract for \$3,637.00

Total Combined Match	\$ 1,500.00
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APPROVED BY: COUNTY ATTY. X OMB/Purchasing X RISK MANAGEMENT X

Norma Kula

JAMES MALING DIVISION DIRECTOR

DISPOSITION: _____ **AGENDA ITEM#:** C21

Revised 1/03

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Alliance For Aging, Inc.

Contract

Effective Date: July 1, 2004

Expiration Date: June 30, 2005

Contract Purpose/Description: Approval of the Home Care for the Elderly (HCE) Contract #KH 472 between the Alliance for Aging, Inc. and the Monroe County Board of County Commissioners (Monroe County Social Services/In-Home Services Program) for Fiscal Year July 1, 2004 through June 30, 2005.

Contract Manager: Deloris Simpson (Name) *Deloris Simpson* 4589 (Ext.)

Social Services/Stop 1 (Department/Stop #)

For BOCC meeting on 6/16/2004

Agenda Deadline: 6/1/2004

CONTRACT COSTS

Case Management Only

Total Dollar Value of Contract: \$ 3,637.00

Current Year Portion: \$ _____

Budgeted? Yes ☒ No ☐ Account Codes: _____

Grant: \$ 3,637.00 *33469/0H*

_____ - 6153903

County Match: Combined Total \$1,500.00

Required \$404.11

Additional \$ 1,095.89

Estimated Ongoing Costs: \$ _____/yr

For: _____
(eg. Maintenance, utilities, janitorial, salaries, etc)

(Not included in dollar value above)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<i>6/3/04</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Norma Kula</i>	<i>6/3/04</i>
Risk Management	<i>6/1/04</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Bill Graham</i>	<i>6/1/04</i>
O.M.B./Purchasing		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Salvatore Aguilera</i>	<i>6/3/04</i>
County Attorney	<i>6/1/4</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Shirley</i>	<i>6/01/04</i>

Comments: _____

